

COMPLIANCE STATEMENT

Completion of this form is required by sec. COMM 50.10 (3), Wis. Admin. Code, prior to initial occupancy of a new building or addition, and prior to final occupancy of an alteration of an existing building. The supervising architect, engineer or designer shall file a written statement with the department certifying that, to the best of his or her knowledge and belief, construction of the portion to be occupied has been performed in substantial compliance with the approved plans and specifications.

GENERAL INSTRUCTIONS: This form must be completed and available at the time of the final construction inspection. If you have questions about completing this form, please call (608) 243-2088.

PROJECT INFORMATION

OWNER	PROJECT
Name	Building Occupancy Chapter(s) and Use
Company Name	Tenant Name (if any)
Number and Street	Building Location (number and street)
City	City, Zip
State and Zip Code	County
Plan or Reference Number	Name and Registration Number of the Building Supervising Professional
Project Description	

PURPOSE OF STATEMENT

Check appropriate box or boxes and complete any other applicable information to indicate compliance with the approved plans and specifications.
Attach additional pages if necessary.

☐ Building ☐ HVAC ☐ Lighting

☐ Partial Completion (Describe Completed Portion or Phase) _____

BUILDING ITEMS MAY INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

- Structural system including submittal and erection of all building components (trusses, precast, metal building, etc.)
- Fire protection systems (sprinklers, alarms, smoke detectors) designed, installed, and tested (including forward flow on back flow devices) by appropriately registered professionals
- Shaft and stairway enclosure
- Exits including exit and directional lights
- Fire-resistive construction, enclosure of hazards, fire walls, labeled doors, class of construction
- COMM barrier-free requirements (Chp. COMM 69)
- All conditions of building plan approval and applicable variances

HVAC ITEMS MAY INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

- HVAC System including final test (COMM 64.53)
- All conditions of HVAC plan approval and applicable variances

LIGHTING ITEMS MAY INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

- Lighting Controls installed per COMM 63.50
- All conditions of lighting plan approval and applicable variances

SUPERVISING PROFESSIONAL SIGNATURES (As Applicable)

Statement of Substantial Compliance

To the best of my knowledge, belief, and based on onsite observation, construction of the building, HVAC and/or lighting items applicable to this project have been completed in substantial compliance with the approved plans and specifications.

☐ Building _____ Date _____

☐ HVAC _____ Date _____

☐ Lighting _____ Date _____

CENTRAL OFFICE MADISON	NORTHERN REGIONAL OFFICE RHINELANDER	NORTHEASTERN REGIONAL OFFICE GREEN BAY	SOUTHERN REGIONAL OFFICE MADISON	SOUTHEASTERN REGIONAL OFFICE MILWAUKEE	WESTERN REGIONAL OFFICE EAU CLAIRE
608-243-2088 FAX 608-243-2026	715-365-2800 FAX 715-365-2815	920-448-5240 FAX 920-448-5254	608-243-2370 FAX 608-243-2389	414-227-5000 FAX 414-227-4139	715-8236-4752 FAX 715-836-2535